WEDNESDAY • October 9, 1996

Clinical Congress News

The American College of Surgeons • 82nd Clinical Congress • October 6-11, 1996 • San Francisco

Computers in the surgeon's office enhance surgical practice in many ways

The Regental Committee on Informatics sponsored a panel discussion yesterday morning to consider the many and varied applications of computer technology in the surgeon's office. Alfred M. Cohen, MD, FACS, a member of the committee, served as moderator.

An introduction was given by Mitchell Morris, MD, FACS, associate vice-president of informatics, M. D. Anderson Cancer Center, University of Texas, Houston.

Dr. Morris discussed ways in which computer technology can add to the value of a surgical practice. He provided an overview of basic computer terminology. "There is no doubt that computers can greatly improve the care of patients and populations of patients. The technology is here—it is up to us to figure out how best to use it," Dr. Morris said.

The second speaker was Ivor Benjamin, MD, assistant professor and director of information systems, University of Pennsylvania Cancer Center, Philadelphia. Dr. Benjamin described and demonstrated a clinical workstation prototype developed by the Society of Gynecologic Oncologists that to date has been distributed to over 120 sites. He provided an interactive demonstration of the software's capability to track information on cancer patients, including demographics, procedures, diagnoses, treatments, and reports. "With the searching technology currently available, we are now able to quickly locate the proverbial needle in the haystack, to the benefit of our patients," Dr. Benjamin concluded.

The third speaker was Lawrence Schwartz, MD, department of radiology, Memorial Sloan-Kettering Cancer Center, New York, NY. Dr. Schwartz discussed the components of voice recognition systems and their future in the surgeon's office. He described the three classifications of voice recognition systems—vocabulary based, speaker dependence, and speech continuity. Dr. Schwartz told the audience that in the very near future, large vocabulary, continuous speech voice recognition will replace current methods of dictation technology. "The possibilities regarding rapid transcription turnaround are fascinating and will almost certainly have a profound impact on the management of the surgeon's office," Dr. Schwartz said. A stimulating demonstration of the latest voice recognition technology concluded the presentation.

The fourth speaker was Elaine Remmlinger, a principal with Healthcare Management Counselors, New York, NY, who spoke on physician practice management systems. According to Ms. Remmlinger, because of managed care a practice management system is no longer an option—it is essential to participate in a referral network, to collect copayments and fees, to file electronic claims, to comply with case management, and to report outcomes. Today's information systems must include the following components: patient management, capitation management, patient care, managed care administration, knowledge databases, telemedicine, and office automation tools.

Some potential problems and thorny issues with commercial software systems, Ms. Remmlinger said, revolve around data privacy (physician and patient), medicolegal implications,

(continued on page 4)

Retirement: A career in itself

Two of the presenters at yesterday's debut of PG 20: Course Chairman Dr. Zuidema (left) and panelist Dr. Anast.

At yesterday's debut of the two-day postgraduate course (20), "Aging and Retirement: A Challenge to Surgeons," panelists explored the varied and sometimes vexing aspects of life after the operating room. The course is designed to appeal to both younger and older surgeons, as well as their spouses, as it reviews financial planning, career opportunities, and social and cultural issues.

The Chairman of the course is George D. Zuidema, MD, FACS, Ann Arbor, MI.

The Tuesday portion of the course examined "Voluntary Retirement," and "Will You Outlive Your Resources?" and today's portion will explore "Unplanned Retirement and the Surgeon" and "Administrative Issues in Involuntary Retirement."

According to statistics cited by speaker Richard O. Kraft, MD, FACS, Ann Arbor, MI, the average retirement age for the general surgeon is 63, and many North American Hospitals set mandatory retirement between ages 65 to 70. Setting and accepting a target retirement date, he suggested, is prudent. He also noted that an increasing number of professional medical societies are exhibiting an interest in assisting members through retirement.

George T. Anast, MD, FACS, of Minocqua, WI, tackled the topic of "How to Manage a Successful Retirement," and told the audience that "retirement is a career in itself." Dr. Anast discussed the realizations and transmogrifications attendant with retirement, noting that "far and away, the most important aspect of retirement is psychological," since physicians tend to deeply identify themselves by their profession. Although retirement presents a "freedom that is unfamiliar," Dr. Anast said, "the freedom of retirement is a treasure and it is yours to spend."

Aware of its constituents' growing interest in this area, the ACS will publish in the forthcoming December 1996 issue of the *Bulletin of the American College of Surgeons* results of an in-depth survey of retirement issues.

Clinical Congress: A "national treasure"

The following is an excerpt from "A National Treasure: The 82nd Clinical Congress of the American College of Surgeons," an editorial by Claude H. Organ, MD, FACS, that appears in the October 1996 issue of Archives of Surgery, *vol. 131. Reprinted with permission by the American Medical Association.*

The 82nd Clinical Congress of the American College of Surgeons will convene in San Francisco, CA, from October 6 to 11, 1996. This meeting for several decades has been a "gold standard" for surgeons. It is truly a national treasure. The consistency, quality, and relevance for surgeons worldwide are earmarks of its success...

The breadth and depth of this program is a study in itself. The 1996 Program Committee, under the chairmanship of James Carrico, MD, FACS, of Dallas, TX, has again replicated the work of their predecessors by selecting presentations that represent a panoramic assortment of topics involving surgery, health care reform, basic and clinical research, education, and policy and ethical issues. This program represents all of the major disciplines and specialties of surgery. The administrative infrastructure and the nonremunerated leadership of the College Fellows who participate each year offer an exciting program that earns the plaudits of those in attendance...

During the 1995 to 1996 year, the American College of Surgeons has been ably represented by a goodwill ambassador extraordinaire in the person of the current President, LaSalle D. Leffall, Jr., MD, of Howard University, Washington, DC. This well-deserved honor represents a milestone in the history of the American College of Surgeons. By the time he completes his Presidency, this mediagenic leader will have traveled more than 100,000 miles. These travels have taken him to Hong Kong (to inaugurate the newest foreign chapter of the College), Singapore, South Africa (where he received an honorary fellowship from the College of Surgeons of South Africa), Spain, England, Germany (representing the College at their joint meeting with the German Surgical Society), and Halifax, Nova Scotia (to receive an honorary fellowship in the Royal College of Physicians and Surgeons of Canada)...

At the Convocation of the College on Thursday evening, October 10th, the reigns of leadership will be transferred to David Murray, MD, FACS, an eminent orthopaedist from the State University of New York at Syracuse and former Chairman of the Board of Regents of the College...

Dr. Murray has been an active Fellow of the College, serving on numerous local, regional, and national committees of the College. He was a Regent from 1985 to 1994 and served as Chairman of the Board of Regents from 1993 to 1994. Congratulations to David G. Murray, MD, FACS, for this deserved honor.

Claude H. Organ, Jr., MD
Editor of the Archives of Surgery
Oakland, CA

Justice for patient and MD sought

From a childhood appreciation of the Pledge of Allegiance through her Pledge of Fellowship in the American College of Surgeons, Anna M. Ledgerwood, MD, FACS, has taken seriously her duties to fellow citizens and patients. And yet, experiences with malpractice suits "nearly ended my career."

On Tuesday, Dr. Ledgerwood shared her personal experiences as a trauma surgeon during the Scudder Oration on Trauma, "With Liberty and Justice for All." Dr. Ledgerwood is director, surgical ICU, and vice-chief of surgery, Detroit (MI) Receiving Hospital.

She told the audience that surgeons are reluctant to discuss with colleagues their malpractice experiences, and she challenged surgeons to openly explore these unfortunate events in order to improve their skills and their service to patients.

Some facts that may place the trauma surgeon in the path of a lawsuit, Dr. Ledgerwood said, are: an emergency room patient's injury is sudden, and he or she has no time to prepare or choose a physician or hospital; there is an inability or limited ability to communicate with the patient, as he or she may be in a mentally compromised state; and it is difficult to establish a rapport with the family due to their possible state of hysteria in the emergency room.

"Our current system of justice," Dr. Ledgerwood said, "gives us liberty." Part of that liberty, she continued, is the liberty to claim injustice. When a patient claims injustice, she recommended that surgeons: do not get angry at the patient, family or attorneys; do not criticze others involved in the case; do not attempt to be experts in an unknown area; prepare well for deposition and trial; assist their attorney; and "leave your ego at home."

Finally, Dr. Ledgerwood discussed her activites and observations as a 10-year participant on the ACS Committee on Trauma's Verification Review Committee. Such programs, she believes, help physicians examine and improve the care they provide.

Barbara A. Barlow, MD, FACS, is the 1996 recipient of the National Safety Council's Surgeons' Award for Distinguished Service to Safety. Nominated by the ACS Committee on Trauma and the American Association for the Surgery of Trauma, Dr. Barlow was recognized for her years of dedication as a physician, educator, researcher, and volunteer for the prevention of pediatric injury. She is chief of pediatric surgery at New York's Harlem Hospital, president of the New York Surgical Society, and currently a member of the Committee on Trauma. Presenting the award on Monday evening was Noel Bufe, PhD (left), of Northwestern University's Trauma Traffic Institute, representing the National Safety Council. Drs. Bufe and Barlow were joined by Richard Tippie (right), Executive Director, Member Services, National Safety Council.

The following companies have supported the Clinical Congress with advertisements in the Exhibit Guide section of this issue:

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Clinical Congress News

VOLUME 47 NUMBER 3

Editor:
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Donna Gibson
Director of Communications:
Linn Meyer

Photography: **Chuck Giorno Photography**
Published daily October 6-11
Office: Room 234
Moscone Convention Center
Phone: 978-3620
Items of interest or information must be reported to the office of the *Clinical Congress News* by 11:30 am on the day preceding the desired day of publication.

Optimism sought and found at seminar

"Seeking Optimism in the Coming System of Medical Care" was the ambitious topic of yesterday's Science and Humanism Seminar.

Expressing concern about the seminar title, moderator C. Rollins Hanlon, MD, FACS, said that no "intimation that this presentation will make you happier about the current state of affairs" was implied. He told the audience that although none of the panelists had any "sure-fire" method or solution for coping with the coming system of medical care, several interpretations and suggestions would be offered.

Offering viable and at times upbeat suggestions were Bruce E. Spivey, MD, FACS, and Howard M. Spiro, MD. Dr. Spivey is a distinguished professor of ophthalmology and is president and CEO of Northwestern Healthcare Network, Chicago, IL. Dr. Spiro is an internist, author of texts on gastroenterology, and currently director of the program on humanities and medicine at Yale School of Medicine, New Haven, CT.

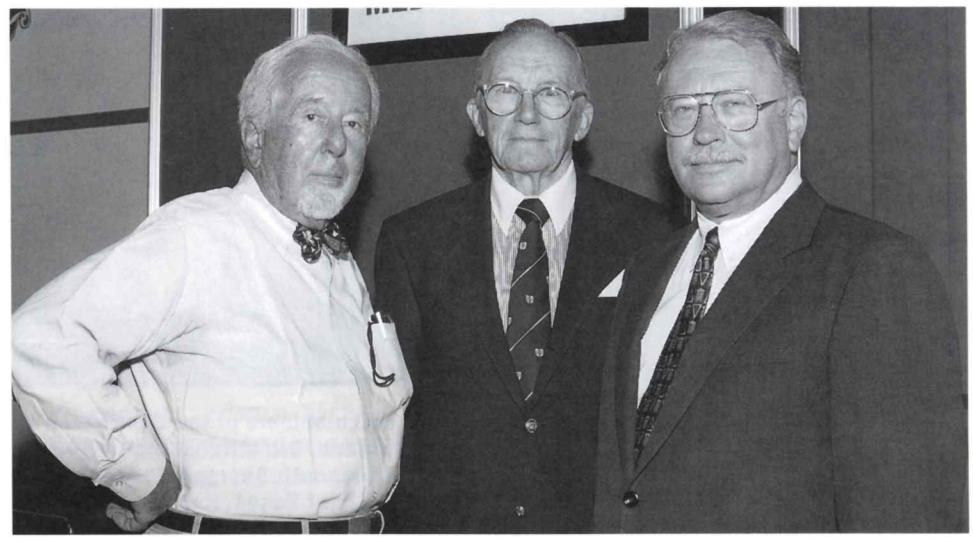
Dr. Spivey began by discussing many of the challenges facing surgeons today, specifically the challenge to be organizers or integrators of *populations*, not just patients.

However, he told the audience, "we're not unique" in having to confront market consolidation, and pointed out that others such as banks and grocery stores are dealing with similar issues.

In looking ahead to the next 10 years, Dr. Spivey issued the caveat that "the successes of yesterday are sometimes the implosions of today," and gave as examples several previously touted and successful managed care corporations that have either floundered or have recently merged with larger corporations.

Although networks of care are inevitable, he said that "no proven formula for success exists," and cautioned surgeons to be careful when making decisions about managed care alliances.

On a positive note, he said that some organizations appear to be stable and that, interestingly, the successful organizations are those that are essentially physician-led, such as Mayo. The future, he concluded, "will require a collegial and, at the same time, a competitive posture."



Left to right: Dr. Spiro, Dr. Hanlon, and Dr. Spivey.

Dr. Spiro began by stating, "It's hard for me to believe that we're going to see this system survive in the long-term—no one voted for it." The weakness of the current managed care system, he said, is that it ignores teaching, research, and social cost—a serious detriment to medical care.

Dr. Spiro continued, "We have accepted supinely the notion that we are providers. We're *physicians*, they're *patients*...not providers and consumers." Underlying the semantic differences, Dr. Spiro reminded the audience, is the notion that the modus operandi of a physician is "do no harm," while the motivation of a provider is marketplace gains.

Finally, he pointed out that "the system can't go without the doctors and nurses," and he reiterated the familiar yet imperative cry for surgeons to become involved as leaders in medical care.

Tenth CORE Symposium set for Chicago, 1997

The College's Committee on Operating Room Environment (CORE) will hold its 10th symposium at the Palmer House Hotel in Chicago, IL, May 12-13, 1997. The theme for the 1997 meeting is Information Technology for Operating Room Teams.

Conducted in cooperation with the Association of Operating Room Nurses, Inc., and the American Society of Anesthesiologists, the CORE Symposium is intended to improve communications among operating room teams and to strengthen their understanding of the issues directly affecting today's operating room.

The two-day conference will feature a keynote speaker and four panels of nationally recognized experts who will address the following information/technology topics: data acquisition, creating the competent OR team, strategies for success—models that work, and OR clinical pathways.

The registration fee of $450 per person includes meeting materials, a welcoming reception, continental breakfasts, and luncheons.

For further information or to obtain a registration form, contact Rhonda Peebles at College headquarters: tel. 312/664-4050; fax 312/440-7014; e-mail rpeebles@acs.org.

This year's Distinguished Philanthropist Award was presented to Neil C. Clements, MD, FACS (left), and his wife, Ginny, by ACS President LaSalle D. Leffall, Jr., MD, FACS, during the Fellows Leadership Society's eighth annual luncheon, which took place Monday at the Westin St. Francis Hotel.

Program Changes

General Sessions

In Wednesday morning's Cancer Symposium, entitled "Surgery Case Management Conference: Malignancies of the Neck," Robert J. Stratta, MD, FACS, was mistakenly listed as a member of the program.

Specialty Sessions

Dr. Nelson H. Goldberg will replace Mack L. Cheney on the Thursday morning Plastic Surgery panel discussion on "Contemporary Management of Soft Tissue Trauma of the Head and Neck."

Technical Exhibits

Juzo is now located in Booth 3039.

1997 trauma/critical care meeting set for Boston

The ACS Eastern States Committees on Trauma will sponsor "Trauma and Critical Care 1997, Point/Counterpoint XVI." The meeting will be held June 11-13, 1997, at the Boston Park Plaza Hotel, Boston, MA. For further information, contact Kimball I. Maull, MD, FACS, Department of Surgery—110-3276, Loyola University Medical Center, 2160 S. First Ave., Maywood, IL 60153; tel. 708/327-2682, fax 708/327-2698, or call the ACS Trauma Department at 312/664-4050, ext. 342.

Medical students attending this year's Congress and members of the Committee on Surgical Education in Medical Schools gathered for a group picture on Sunday evening. Top row, left to right: Norman J. Snow, MD, FACS, Cleveland, OH; Mitchell Hawkey, Oregon Health Sciences University, Portland, OR; Jeffrey Toman, Creighton University, Omaha, NE; Merril T. Dayton, MD, FACS, Salt Lake City, UT; Kenneth Sharp, MD, FACS, Nashville, TN; Richard W. Schwartz, MD, FACS, Lexington, KY; Matt Rawlins, University of Washington, Seattle, WA; Matthew Stahlman, University of Texas, Houston, TX; John Boskind, Loma Linda University, Loma Linda, CA; Jeffrey Apple, University of Texas, San Antonio, TX; Roger Nagy, University of New Mexico, Albuquerque, NM; William Pearce, University of Southern California, Los Angeles, CA; David Small, University of Vermont, Burlington, VT; Errol Buntuyan, University of California, Irvine, CA; Andrew Nowalk, PhD, The American Medical Student Association, Reston, VA; and Daren Lind, University of Alberta, Edmonton, AB. Middle row, left to right: Steven Ruby, MD, FACS, Farmington, CT; Brad Winterstein, University of Nebraska, Omaha, NE; Zandra Cheng, University of California, La Jolla, CA; Dennis Glatt, University of South Dakota, Sioux Falls, SD; Adnan Din, University of California, Davis, CA; Nadine Caron, University of British Columbia, Vancouver, BC; Julie Hamilton, Wright State University, Dayton, OH; Karin Barbara Cesario, University of Colorado, Denver, CO; Tiffany Danton, University of Arizona, Tucson, AZ; Maxine Anderson, Charles R. Drew University, Los Angeles, CA; Burnetta Herron, University of Texas, Galveston, TX; Catherine Cothren, University of Texas, Dallas, TX; Dana Coberly, University of Iowa, Iowa City, IA; Daniel Heiner, University of Kansas, Kansas City, KS; Ronnie Ann Rosenthal, MD, FACS, New Haven, CT; Michael Pickart, University of California, San Francisco, CA; Brent Davis, Texas A & M University, College Station, TX; and Drew Van Boerun, University of Utah, Salt Lake City, UT. Bottom row, left to right: Jennifer Curry, University of Rochester, Rochester, NY; Albert Ko, University of Hawaii, Honolulu, HI; Cassandra Joffs, University of Nevada, Reno, NV; Christophe Nguyen, Baylor College of Medicine, Houston, TX; Tim Riegel, University of Calgary, Calgary, AB, Joshua Tepper, McMaster University, Hamilton, ON; Suzanne Meiers, University of Saskatchewan, Saskatoon, SK; Karen E. Deveney, MD, FACS, Chairman, Portland, OR; James C. Herbert, MD, FACS, Burlington, VT; Leigh Anne Neumayer, MD, FACS, Salt Lake City, UT; John Kim, Stanford University, Stanford, CA; Suzanne Kim-Doud Galli, SUNY Health Science Center, Brooklyn, NY; Thomas G. Lynch, MD, FACS, Omaha, NE; and Edward L. Johnson, MD, FACS, Albuquerque, NM.

Hypertonic saline may reverse ARDS in trauma patients

Could adult respiratory distress syndrome (ARDS), a life-threatening inflammatory lung condition that afflicts about 10 percent of trauma patients, be prevented simply by doubling the amount of salt in standard resuscitation fluids that trauma patients receive anyway? That is the research question that surgery professor David B. Hoyt, MD, FACS, is investigating.

Dr. Hoyt and his laboratory staff at the University of California, San Diego, Medical Center, have been studying immunosuppressive agents for the last 12 years. As part of that work, the researchers have noticed that high concentrations of salt affect immune system cells in the test tube, and they postulated that hypertonic saline may physiologically influence the inflammatory process in living animals.

Therefore, for the past three years Dr. Hoyt and his colleagues have evaluated the role that hypertonic saline may play in reducing the number of inflammatory cells in the lungs of animals following an insult that led to shock. A study reported earlier this week at a session of the Owen H. Wangensteen Surgical Forum by research resident Niren Angle, MD, assessed the degree of lung damage and the number of inflammatory cells in the lungs of animals that had sustained hemorrhagic shock after standard resuscitation with Ringer's lactate or resuscitation with hypertonic saline, which contains two times more sodium chloride than standard saline.

The animals that received Ringer's lactate had more hemorrhage in the alveoli and more fluid and white blood cells in the lung tissue than the animals treated with hypertonic saline. The overall degree of inflammatory injury in the lungs was significantly higher for animals treated with Ringer's lactate.

Despite findings from this and other studies in animals, Dr. Hoyt believes that it is premature to conclude that hypertonic saline protects the lungs from ARDS. Hypertonic saline still must be tested with other animals, and its mechanism of action in the lungs must be learned.

Because hypertonic saline has been considered as a possible resuscitation fluid for shock patients in the past, it has been used in clinical trials. "So we know it is a safe product," Dr. Hoyt said. However, hypertonic saline is not currently manufactured as an intravenous solution. "It's not as readily available as you might think; we have to concoct it ourselves," he added.

Nevertheless, the use of hypertonic saline in the resuscitation of patients in shock is an intriguing notion. "Having any treatment available with the potential to reverse early onset ARDS is exciting because all we can do now is treat the condition after the fact by supporting the patient on a ventilator until the disease gets worse or the patient gets better," Dr. Hoyt said.

Studies of hypertonic saline also may provide insight into the inflammatory process itself. "This is a field that should lead to a completely different concept of resuscitation by providing a better understanding of what turns particular inflammatory cells on and off," Dr. Hoyt said.

Copies of the *Owen H. Wangensteen Surgical Forum, Volume XLVII*, are available for $25 each in the general registration area of Moscone Center.

COMPUTERS, from page 1

clinical protocols and best practices, structuring system contracts to allow for future affiliations, and connectivity. "By the year 2000, offerings in practice management systems will be more mature and will result in an almost totally integrated physician practice workstation," Ms. Remmlinger said.

The fifth speaker was Daniel R. Masys, MD, FACP, director of biomedical informatics, University of California-San Diego School of Medicine, who spoke on computer-assisted professional education. Dr. Masys provided an overview of computer-assisted instruction from its genesis in the 1960s to the present. He described and demonstrated several full-text medical databases now available to physicians, including CancerNet of the National Cancer Institute.

According to Dr. Masys, the strengths of computer education technology include: self-direction, availability, interactivity, quick retrieval of specific data, and an ever-growing reservoir of information. Some of the weaknesses, Dr. Masys said, include abnormally low-resolution video, rapidly changing standards for digital multimedia applications, and limitations of current technologies.

The final speaker was M. Michael Shabot, MD, FACS, who is with the surgical intensive care unit at Cedars Sinai, Los Angeles, CA.

Dr. Shabot provided a historical overview of the Internet, which owes its origins to the launching of *Sputnik* in 1957 by the U.S.S.R. This event resulted in the formation of the Advanced Research Project Agency, the group responsible for initiating the basis of the Internet. The Internet was intended to connect research centers and provide a military communications tool that could be maintained even in the event of nuclear war, Dr. Shabot said.

Today, the World Wide Web is part of the Internet. Dr. Shabot noted that as of September of this year, the number of websites worldwide is doubling every 53 days. The government gave up funding the Internet a number of years ago, and it is now totally commercially underwritten.

Dr. Shabot concluded his presentation with an interactive demonstration of the College's website and discussed potential areas for future expansion.

Stimulation of immune system may prevent recurrence of liver cancer

By stimulating the immune system to mount an attack against residual malignancies within the liver, researchers from Memorial Sloan Kettering Cancer Center, New York, NY, may find a way to counteract a particularly difficult cancer treatment problem: how to prevent recurrence of liver tumors.

Cancer recurs in as many as 70 percent of patients with primary or metastatic liver tumors because surgeons are not able to remove a tumor completely, or because they cannot detect microscopic metastases that may be present.

The only effective treatment for primary or metastatic liver cancer is to perform a surgical procedure, but this approach also has an unfortunate effect. Surgical removal of the diseased portion of the liver accelerates the growth of any tumor fragments that may be left behind. However, according to the results of animal experiments reported Monday afternoon at a session of the Owen H. Wangensteen Surgical Forum, preoperative administration of gamma interferon and a genetically modified cytokine vaccine may retard the growth of residual liver cancer.

The researchers found that gamma interferon administered before liver resection helps delay regrowth of tumors by acting on the Kupffer cells, which are specialized liver immune system cells. "Our initial hypothesis was that liver resection itself was immunosuppressive and that it impaired the function of the Kupffer cells. So any tumor cells in the liver would grow because the Kupffer cells couldn't keep them in check. We speculated that if we gave gamma interferon before the operation, it might prevent immunosuppression of the liver, stimulate the Kupffer cells to act more normally, and kill more tumor cells," Howard Karpoff, MD, a surgical resident at New York University Medical School, said.

However, treatment targeted solely at the Kupffer cells would be limited to the liver itself. Dr. Karpoff explained that the human immune system has two arms—cell-mediated immunity, which is produced by macrophages like the Kuppfer cells, and more long-term systemic immunity, which involves lymphocytes that circulate in the bloodstream.

In order to induce circulating lymphocytes to destroy liver tumor cells in addition to the Kupffer cells, Dr. Karpoff formulated a liver tumor-specific vaccine that also cloned gene sequences for two cytokines—interleukin-2 (IL-2) and granulocyte/macrophage colony stimulating factor (GMCSF)—and utilized herpes simplex as a viral vector.

In a series of experiments in animals conducted by Dr. Karpoff when he was a research fellow in the laboratory of Yuman Fong, MD, at Memorial Sloan Kettering Cancer Center, gamma interferon intensified the function of the Kupffer cells, while the cytokine vaccination increased lymphocyte activity.

The vaccine and the gamma interferon also significantly reduced liver tumor burden. The number of tumor nodules in animals after surgical resection and treatment with the two compounds was nearly the same as the number of nodules in animals that had undergone simple laparotomy. "The treatment for the most part offset the effect of liver resection on tumor growth," Dr. Karpoff said.

Gamma interferon potentially could be applied to patients with liver cancer. "There would be virtually no morbidity associated with giving patients gamma interferon before surgery for liver cancer or colon cancer that metastasizes to the liver. By giving patients gamma interferon, we may improve Kupffer cell surveillance in the liver, which might decrease metastases later on," he added.

Cytokine vaccines cannot be applied to human beings at the present time, however, for two reasons. First, the most effective combination of cytokines for vaccination is not known. Interleukin-2 and interleukin-12 as well as other types of cytokines may produce a stronger immune response than IL-2 and GMCSF.

Second, it is more difficult to generate an immune response in humans than in animals. According to Dr. Karpoff, the immune responses produced by vaccines in animals target cancers in a particular cell line. Unfortunately, human beings do not have a uniform type of cancer cell line.

Dr. Karpoff nevertheless suggested that a herpes virus vector might be used to deliver a vaccine directly into a liver tumor rather than into the body's circulatory system. By administering a vaccine in this way, the body might be able to mount an immune response to the cancer cell lines that reside in the tumor and prevent recurrence of cancer from these cells, Dr. Karpoff concluded.

Copies of the *Owen H. Wangensteen Surgical Forum, Volume XLVII*, are available for $25 each in the general registration area of Moscone Center.

Visit the exhibits

The scientific and technical exhibits will be open from 9:30 am to 3:30 pm today and from 9:30 am to 1:30 pm Thursday.

Trauma advances seminar slated for December

The College's Committee on Trauma, Region VII (Iowa, Kansas, Missouri, and Nebraska), is sponsoring the 19th annual "Advances in Trauma" seminar at the Ritz-Carlton Hotel in Kansas City, MO, on Friday, December 13, and Saturday, December 14, 1996.

The regional and state chairmen have planned a program that will benefit all those physicians involved in trauma patient care. Program chairmen are: Robert L. Coscia, MD, FACS, chief, Region VII; Thomas M. Foley, MD, FACS, Iowa state chairman; Frederic C. Chang, MD, FACS, Kansas state chairman; Michael H. Metzler, MD, FACS, Missouri state chairman; and Joseph C. Stothert, Jr., MD, FACS, Nebraska state chairman.

The purpose of this continuing medical education course is to provide an update on information and techniques used in the treatment of the acutely ill and injured patient. The Friday program will include presentations on: Resuscitation of the Severely Injured Child; Manifestation of Minor Head Injury; Clearing the C-Spine; Cardiac Contusion—Not; Neurovascular Complication of Head Injury and the Visual System; Complex Pancreatic/Duodenal Injuries; 15 Rounds with the DEA; Complex Liver Injuries; The Real Meaning of Multidisciplinary Care of the Injured Child; and Problem Cases in Trauma.

Saturday's programming will include sessions on: Trauma Center Cost Reduction; Dedicated Trauma Program Effect on Outcome; Disaster Management in Terrorist Incidents; DVT Prophylaxis—To Screen or Not; The Mangled Extremity; Abdominal GSW's —Role of Selective Nonoperative Management; Who Takes Care of the Patient in the ICU?; The Injured Colon —Is Colostomy Needed?; Should We Save the Adult Spleen?; and Cases from Region VII.

Faculty members include: Richard M. Bell, MD, FACS, Columbia SC; Demetrios Demetriades, MD, PhD, Los Angeles, CA; David V. Feliciano, MD, FACS, Atlanta, GA; Julius M. Goodman, MD, FACS, Indianapolis, IN; Kenneth L. Mattox, MD, FACS, Houston, TX; J. Wayne Meredith, MD, FACS, Winston-Salem, NC; Joseph J. Tepas III, MD, FACS, Jacksonville, FL; Donald D. Trunkey, MD, FACS, Portland, OR; John A. Weigelt, MD, FACS, St. Paul, MN; and Charles C. Wolferth, MD, FACS, Philadelphia, PA.

The fee for physicians is $350, for critical care nurses is $200, and for residents is $150. For those individuals who wish to attend only one day of the program, the fee is 60 percent of the total registration. A late registration fee of $25 will be added unless the registration is postmarked before November 20, 1996.

While it will be possible to register for the program in Kansas City, advance registration is strongly recommended. For more information on the program or to obtain an application for enrollment, contact the ACS Trauma Department at 55 E. Erie St., Chicago, IL 60611, tel. 312/664-4050, ext. 342.

Registration totals

As of Tuesday afternoon, total registration for the Clinical Congress was 15,152. Of that number, 9,441 were physicians and 5,711 were exhibitors, guests, spouses, or convention personnel.

Managed care information highway

If you have questions about or are having problems with managed care, be sure to stop by the managed care information booth in the North Lobby of Moscone Center. Sponsored by the College's Socioeconomic Affairs Department, the booth is staffed by a professional managed care consultant from Conomikes Associates, Inc., who will provide a complimentary consultation on managed care issues and problems.

Fellows can also stop by the booth and register for any of the College's managed workshops that are scheduled for 1996-1997.

Allied Meetings

Wednesday

Morning

International Society of Surgery, U.S. Chapter
6:45 am - 8:00 am. Breakfast meeting.
Hilton, Bldgs. 1, 2, 3, Ballroom level, Continental 8.

Association of Women Surgeons
7:00 am - 8:30 am. Breakfast.
Westin St. Francis, Floor 2, California East.

American Society of Colon and Rectal Surgeons—Cooperative Clinical Trials
7:00 am - 8:30 am. Breakfast meeting.
Hilton, Bldg. 3, Floor 4, Union Square 7.

American Society of Colon and Rectal Surgeons—Young Researchers Committee of RF
7:00 am - 8:30 am. Breakfast meeting.
Hilton, Building 3, Floor 4, Union Square 8.

Mosby Yearbook, Inc.
7:00 am - 9:00 am. Breakfast meeting.
Hilton, Bldgs. 1, 2, 3, Ballroom level, Franciscan A.

American Society of Colon and Rectal Surgeons—Self-Assessment Committee
7:30 am - 4:30 pm. Breakfast/luncheon.
Hilton, Bldg. 3, Floor 4, Union Square 9.

American Society of Colon and Rectal Surgeons—Committee on Technologies
8:00 am- 10:00 am. Breakfast meeting.
Hilton, Bldg. 3, Floor 4, Union Square 16.

Afternoon

American Society of Colon and Rectal Surgeons—Membership Committee
12:00 noon - 1:00 pm. Luncheon.
Hilton, Bldg. 3, Floor 4, Union Square 16.

Central Surgical Association Membership Committee
12:00 noon - 3:00 pm. Luncheon.
Hilton, Bldg. 2, Grand Ballroom level, Green Room.

Central Surgical Association Foundation
4:30 pm - 5:30 pm. Meeting.
Hilton, Bldg. 3, Floor 4, Union Square 15.

Evening

World Journal of Surgery/Springer-Verlag
5:00 pm - 7:00 pm. Reception.
Hilton, Bldg. 3, Floor 4, Union Square 16.

American Society of Colon and Rectal Surgeons—Residents
5:00 pm - 7:00 pm. Reception.
Moscone Center, Mezzanine level, Rooms 274-276.

San Joaquin Surgical Department
5:00 - 7:00 pm. Reception.
Hilton, Citiscape.

Uniformed Services University, Surgical Associates Military Reception
5:30 pm - 7:00 pm. Reception.
Hilton, Bldgs. 1, 2, 3, Lobby level, Plaza A.

University of Colorado Department of Surgery
5:30 pm - 7:30 pm. Reception.
Hilton, Bldgs. 1, 2, 3, Ballroom level, Continental 8.

American College of Surgeons, North Dakota Chapter
5:30 pm - 7:30 pm. Reception.
Hilton, Bldg. 3, Floor 4, Union Square 2.

Friends of Harlem Hospital
5:30 - 7:30 pm. Reception.
Fairmont Hotel, Empire Room.

Case Western Reserve University
6:00 pm - 7:30 pm. Reception.
Hilton, Bldgs. 1, 2, 3, Lobby level, Plaza B.

University of Washington Henry N. Harkins Surgical Society
6:00 pm - 8:00 pm. Reception.
Westin St. Francis, Floor 2, California West.

Metropolitan Group Hospitals Residency in General Surgery
6:00 pm - 8:00 pm. Reception.
Fairmont Hotel, Lobby level, Green.

Society of Graduate Surgeons of USC/LAC
6:00 pm - 8:00 pm. Reception.
Hilton, Bldg. 3, Floor 4, Union Square 3-4.

Gay and Lesbian Medical Association
6:00 pm - 8:00 pm. Meeting.
Davies Medical Center, Floor 1, Room TBA.

Providence Hospital Surgical Alumni Association
6:00 pm - 9:00 pm. Reception.
Marriott, Floor 5, Sierra K.

Association of Iranian Surgeons
6:30 - 8:30 pm. Dinner meeting.
Maykadeh Restaurant, 470 Green St.

North American Chinese Surgical Society
6:30 - 8:30 pm. Annual dinner.
Harbor Village Restaurant, Four Embarcadero Center.

University of Vermont/American College of Surgeons, Vermont Chapter
6:30 pm - 7:30 pm. Reception.
Campton Place Hotel.

Friends of Bill W
7:00 pm - 8:30 pm. Meeting.
Hilton, Bldg. 3, Floor 4, Union Square 1.

Michigan State University Department of Surgery
7:00 pm - 9:00 pm. Reception.
Marriott, Lower B-2, Salon 10.

Matthew Walter Surgical Society, MeHarry Medical College
7:00 pm - 10:00 pm. Dinner.
Hilton, Bldgs. 1, 2, 3, Ballroom level, Yosemite B.

Thursday

Morning

American Society of Colon and Rectal Surgeons—Outcomes Committee
7:00 am - 8:30 am. Breakfast meeting.
Hilton, Bldg. 3, Floor 4, Union Square 2.

Congress Chronicle

A surgeon "must constantly be a student"

The 46th Clinical Congress, which took place in San Francisco in 1960, featured the Presidential Address by I. S. Ravdin, MD, FACS, professor of surgery at the University of Pennsylvania School of Medicine, and for whom the I.S. Ravdin Lecture in the Basic Sciences is dedicated.

Dr. Ravdin spoke on "Whither Goest the American Surgeon," during which he told the audience: "The responsibilities which the surgeon accepts when he agrees to take care of a patient are enormous. He must assure himself that as far as possible a reasonably accurate diagnosis has been made, and that an operation is indicated...He must anticipate complications and if possible prevent them. He must by every possible means speed the recovery of the patient, and he must to the best of his knowledge be sure that he has chosen wisely the operation calculated to cure the patient, or to provide the longest survival. If he is to do these things, he must constantly be a student. It he does not throughout his professional lifetime remain a student, he will find himself in the position of being competent for doing surgery during one period of his professional life and incompetent in another."

Douglas W. Wilmore, MD, FACS, presents the Ravdin Lecture this afternoon at 1:30 pm in Moscone Center, Room 134.

Panel to consider postop venous thromboembolism

A multidisciplinary program sponsored by the Advisory Councils will be held this morning to consider "Prevention of Postoperative Venous Thromboembolism and Its Cost Implications." The program will take place from 9:00 am to 12:00 noon in Room 131 of Moscone Center. H. Brownell Wheeler, MD, FACS, will serve as moderator.

This multidisciplinary panel will review prophylaxis of deep vein thrombosis/pulmonary embolism (DVT/PE) for the practicing surgeon. audience interactive response system technology will allow active participation by attendees. The program will highlight practical methods of prophylaxis and current indications for their use. Special consideration will be given to cost-effectiveness in the managed care environment and medicolegal liability related to failure to employ currently accepted DVT/PE prophylaxis.

Scheduled topics and presenters are: General Surgery, by G. Patrick Clagett, MD, FACS; Neurological Surgery, by Russell D. Hull, MD; Orthopaedic Surgery, by Guy D. Paiement, MD; Cardiovascular Surgery, by Lazar J. Greenfield, MD, FACS; and Trauma, by Steven R. Shackford, MD, FACS.

Collagen patch from human placenta promotes healing of bowel wall

A connective tissue patch derived at least in part from human placenta may provide the framework by which the intestine can repair defects in its wall that cannot be corrected surgically. The patch has three layers that look like two. An outer shiny layer is made of type 4 collagen, which is most resistant to dissolution by bile and pancreatic juices and comes from human placenta. An inner layer contains type 1 and type 3 collagen, which come from a variety of animal sources.

"The three types of collagen tend to replicate the three types of collagen in the bowel wall. The outside layer corresponds to the serosa, the middle layer corresponds to the muscularis, and the inner layer corresponds to the mucosa. With the patch, we have provided scaffolding for all three natural layers of the bowel wall so guided regeneration of tissue defects can occur," John R. Kirkpatrick, MD, FACS, chairman of the department of surgery, Washington Hospital Center, Washington, DC, explained. The patch and its usefulness in animal studies were described at a session of the Owen H. Wangensteen Surgical Forum earlier this week.

The collagen patch, which was supplied by Saduc-Imedex, Lyon, France, may provide the first actual treatment alternative for some patients with short-gut syndrome. A number of these patients also have abnormal passages connecting parts of the intestines, or fistulas, despite repeated surgical resections of the bowel. Although the patients may have a sufficient amount of overall bowel to survive, they must be maintained on intravenous feeding because the fistulas interfere with the digestion of solid food.

Others who may benefit from the patch are individuals who cannot undergo conventional surgical closure of intestinal fistulas because of extensive scarring or adhesions, or patients who suffer leakage of intestinal contents when anastomoses do not heal after an operation on the digestive tract. It is estimated that as many as 6 to 10 percent of gastrointestinal anastomoses fail because of an inadequate blood supply, intraluminal distention, infection, or tension on the wound, and up to 20 percent of patients with intestinal fistulas die, according to Dr. Kirkpatrick.

The collagen patch promoted healing of a small defect corresponding to 25 percent of the total amount of the anterior cecal wall similar to that seen with primary surgical closure or fibrin glue closure in experiments on rodents. More important, the patch led to complete healing of a large defect corresponding to 80 percent of the anterior cecal wall which could not be repaired surgically.

The researchers found that large intestinal defects treated with fibrin glue, which contains the protein commonly found in blood clots, showed no signs of tissue union. Ninety percent of the animals that received fibrin glue died as a result of the failure of the intestine to close. In contrast, only one animal in the group that received the collagen patch died, and the remaining animals exhibited complete regeneration of the bowel wall across all layers. "This is the first time we have been able to demonstrate in our laboratory that bridging of all three layers of the bowel wall occurs," Dr. Kirkpatrick announced.

Additional investigations of the collagen patch are being conducted in larger animals to determine if union of large intestinal defects can be achieved. "That will be the exciting part, because if regeneration does not occur, then over time the patch will either produce a scar or dissolve, which will not be appropriate for application in humans. For the patch to be used at some point for large intestinal defects in humans, you have to have bowel wall regeneration," Dr. Kirkpatrick said.

Copies of the *Owen H. Wangensteen Surgical Forum, Volume XLVII*, are available for $25 each in the general registration area of Moscone Center.

The "Top Gun Laparoscopic Skill Shoot-Out," a series of drills and suturing exercises designed to challenge residents' skill level in performing laparoscopic tasks, took place Monday afternoon in the scientific exhibits area. The prize was a CD-ROM version of *Scientific American Surgery*. Dr. Dan Van Cleve of Baylor College took first place, or "Top Gun." Dr. Daniel Herron, New England Medical Center, won second place, and Dr. Raja Kandaswamy, Howard University, won third place. The "Shoot-Out" was developed by James Rosser, MD, FACS, Yale University School of Medicine, New Haven, CT.

Pictured are the Program Committee of the American College of Surgeons and Liaison Members. Top row, from left to right: Irving L. Kron, Member, Charlottesville, VA; A. Brent Eastman, Vice-Chairman, La Jolla, CA; Kirby I. Bland, Member, Providence, RI; David L. Nahrwold, Member, Chicago, IL; Hiram C. Polk, Advisory Council for Surgery, Louisville, KY; J. Roland Folse, Committee on Graduate Medical Education, Springfield, IL; Bradley M. Rodgers, Pediatric Surgery, Charlottesville, VA; William H. Coles, Ophthalmic Surgery, Buffalo, NY; Robert B. Wallace, Cardiothoracic Surgery, Washington, DC; Onyekwere E. Akwari, Committee on International Relations, Durham, NC. Middle row, left to right: Edwin L. Kaplan, Committee on Medical Motion Pictures, Chicago, IL; Paul A. Levine, Otorhinolaryngology, Charlottesville, VA; Martin I. Resnick, Urology, Cleveland, OH; John L. D. Atkinson, Neurological Surgery; Maurice J. Webb, Gynecology and Obstetrics, Rochester, MN; Laurence Y. Cheung, Committee for the Forum on Fundamental Surgical Problems, Kansas City, KS; David C. Brewster, Vascular Surgery, Boston, MA; Anthony A. Meyer, Committee on Pre- and Postoperative Care, Chapel Hill, NC; Karen E. Deveney, Committee on Surgical Education in Medical Schools, Portland, OR. Bottom row, left to right: Ralph J. Doerr, Committee on Allied Health Personnel, Buffalo, NY; John E. McDermott, Orthopaedic Surgery, Seattle, WA; Gerald O. Strauch, ACS Staff, Chicago, IL; David N. Herndon, Member, Galveston, TX; C. James Carrico, Chairman, Dallas, TX; Maria D. Allo, Committee on Operating Room Environment, San Jose, CA; Robert Lee Walton, Plastic and Maxillofacial Surgery, Chicago, IL; David A. Krusch, Regent's Committee on Informatics, Rochester, NY; Josef E. Fischer, Committee on Surgical Research and Education, Cincinnati, OH; and Douglas J. Mathisen, Cardiothoracic Surgery, Boston, MA.

Text offers print/electronic access to latest surgical techniques

Scientific American Surgery–the problem-oriented surgery text published by Scientific American Medicine under the aegis of the American College of Surgeons–provides the tools for easy access to information that surgeons need to compete in today's cost-sensitive health care environment. *Scientific American Surgery* is on display at the ACS Resource Center and at Booth 3507 in the technical exhibit area.

Now available in a convenient CD-ROM format as well as the standard loose-leaf text, *Scientific American Surgery* provides scores of algorithms for speedy clinical decision making, quarterly print and electronic updates, and expert tips from master surgeons on solving operative problems and avoiding potential complications.

This year marked the publication's entry into the electronic age with the release of *Scientific American Surgery* CD-ROM. The user-friendly format facilitates information access through powerful and flexible searching and printing capabilities. Interactive features enable users to switch between text and algorithms, and search queries can be saved for future use. If the user misspells a search term, the unique Soundex feature automatically finds a phonetically similar word.

The 4 1/2-inch CD-ROM disc, which is available in Windows and Macintosh formats, contains all of the 1,900 pages of the two-volume loose-leaf text, including the publication's more than 1,200 illustrations.

Another milestone is the publication this year of seven new chapters on operative technique and five new chapters on common diagnostic dilemmas confronting today's surgeons.

In the operative technique chapters, master surgeons define each operation as a series of specific steps, demonstrate their specific technical approach to a maneuver, and highlight situations that may cause problems.

In 1996, several master surgeons, including John Cameron, MD, FACS, John L. Sawyers, MD, FACS, and Carlos A. Pellegrini, MD, FACS, authored operative technique chapters on pancreatic surgery, gastric procedures, breast procedures, organ procurement, minimally invasive esophageal procedures, and thyroid and parathyroid procedures.

New technique chapters in 1997 will include "Anal Procedures," by Ira Kodner, MD, FACS; "Intestinal Anastomosis," by Zane Cohen, MD, FRCSC; and "Biliary Tract Procedures," by Bernard Langer, MD, FACS, and Bryce Taylor, MD, FRCSC.

The chapters on common diagnostic problems feature decision trees keyed into text, which show in step-by-step fashion how to manage the problems in the most efficient and cost-effective manner.

Other recent chapters on common diagnostic problems are: "Acute Abdominal Pain," by Romano Delcore, MD, FACS, and Laurence Y. Cheung, MD, FACS; "Breast Disease," by Barbara L. Smith, MD, PhD, FACS, and Wiley W. Souba, MD, ScD, FACS; "Upper GI Bleeding," by Richard T. Schlinkert, MD, FACS, and Keith A. Kelly, MD, FACS; "Lower GI Bleeding," by Margaret Schnitzler, MBBS, and Robin McLeod, MD, FACS; "Intestinal Obstruction," by W. Scott Helton, MD; and "Skin Lesions," by Alan E. Seyfer, MD, FACS. Forthcoming in 1997 is a chapter on "Jaundice," by Jeffrey S. Barkun, MD, and Alan N. Barkun, MD.

In addition to these chapters, the *Scientific American Surgery Bulletin*, included in each update package, features two new columns. In the "Editor's Comment" column, members of the publication's Editorial Board comment on a specific surgical technique. The Fall 1996 *Bulletin* features comments by Laurence Y. Cheung, MD, FACS, on restorative proctocolectomy. In the new column, "Surgical Practice Update," recent literature on important surgical topics is reviewed. The Fall 1996 *Bulletin* reviews the role of endoscopic retrograde cholangiopancreatography in the management of coledocholithiasis in the laparoscopic era.

The editorial board of *Scientific American Surgery* is: Douglas W. Wilmore, MD, FACS, Chairman; Laurence Y. Cheung, MD, FACS; Alden H. Harken, MD, FACS; James W. Holcroft, MD, FACS; and Jonathan L. Meakins, MD, DSc, FACS.

For additional information, visit the ACS Resource Center or Booth 3507 in the technical exhibit hall, or contact Scientific American Medicine at 415 Madison Ave., New York, NY 10017-1111; tel. 800/545-0554, fax 212/980-3062.